

CRIMINAL JUSTICE RECORDS IMPROVEMENT - QUARTERLY REPORT

Michigan Department of Community Health
Office of Drug Control Policy

BYRNE MEMORIAL FORMULA GRANT PROGRAM

INSTRUCTIONS:

- Use **THIS** form to provide a **complete** description of all project activities during this quarterly reporting period. Attach additional pages as necessary.
- The Quarterly Program Report is due in the Office of Drug Control Policy (ODCP) **no later than 20 days following the end of the quarterly report period.**
- Failure to submit this report by the due date will cause ODCP to withhold the release of funds.
- This form is screen fill-in enabled using **Adobe Acrobat Reader.**
- You may also print it out and complete it by hand or typewriter.
- Attach all narrative information to this form and mail to:

**OFFICE OF DRUG CONTROL POLICY
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
320 S WALNUT STREET
LANSING MI 48913**

TELEPHONE: (517) 373-4700

You may also fax it to:
(517) 373-2963

Grantee Name		ODCP Project Number	
Project Title			
Project Start Date		Project End Date	
Report Quarter <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		Report Period Ending Date	
Person Completing this Report (Name and Title)		e-Mail Address:	
Signature (not required if e-Mailed) Date		Telephone Number	FAX Number

AUTHORITY: By Authority of the Anti-Drug Abuse Act of 1988.
COMPLETION: Is VOLUNTARY. Failure to provide this information is a violation of grant contract terms and conditions.

The Department of Community Health is an equal opportunity employer, services and programs provider.

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SECTION A – Effectiveness of Team Activities:

1. What percent of this project is completed?

%

2. What problems, if any, have you encountered with the project to date.

Use additional pages as needed.

3. Describe in detail, the accomplishments to date of this project.

Use additional pages as needed.